



**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application No.: 10/658,520  
Filing Date: September 9, 2003  
Applicants: Fukushima et al.  
Group Art Unit: 3679  
Examiner: Greg Binda  
Title: BEARING APPARATUS FOR A WHEEL OF VEHICLE  
Attorney Docket: 6340-000039

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Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

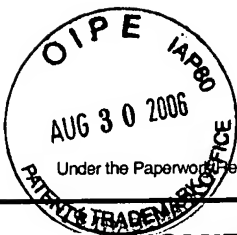
**RESPONSIVE AMENDMENT**

Sir:

In response to the Office Action mailed May 30, 2006, please amend the application as follows and consider the remarks set forth below.

**Amendments to the Claims** begin on page 2 of this paper.

**Remarks** begin on page 6 of this paper.



8-31-06

JW

PTO/SB/21 (04-04)

Approved for use through 07/31/2006. OMB 0651-0031  
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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/658,520
	Filing Date	September 9, 2003
	First Named Inventor	Fukushima et al.
	Art Unit	3679
	Examiner Name	Greg Binda
Total Number of Pages in This Submission	Attorney Docket Number	6340-000039

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name W.R. Duke Taylor	Reg. No. 31,306
Signature			
Date	August 30, 2006		

CERTIFICATE OF TRANSMISSION/MAILING			
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Typed or printed name	W.R. Duke Taylor	Express Mail Label No.	EV 757 777 811 US (8/30/2006)
Signature		Date	August 30, 2006

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